



City of Chicago
Department of Business Affairs and Consumer Protection

Public Vehicle Operations Division • 2350 W. Ogden • Chicago, IL 60608 • 312-746-4300

TAXICAB – CHANGE OF EQUIPMENT FORM

MEDALLION #: _____

Licensee Name (Co Name): _____

(Chicago) Address: _____

City, State, Zip Code: _____

(Chicago) Telephone: _____

Replacement Vehicle Information:

Year	Make	Model	Vehicle Identification Number
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VEHICLE TYPE:  **Check ONLY one:**

Minivan <input type="checkbox"/>	MV-Wheelchair <input type="checkbox"/>	Regular Sedan <input type="checkbox"/>
Hybrid <input type="checkbox"/>	Long Wheelbase <input type="checkbox"/>	Other: _____

METER Information: Make _____ Serial # _____

PLEASE SUBMIT ORIGINAL DOCUMENTS OR LEGIBLE COPIES – Fax copies are not acceptable.

1. _____ Title (front & back) or Certificate of Origin; include a lease agreement (if applicable) with a December 31st expiration date.
2. _____ Bill of Sale (paid in full) or vehicle loan contract
3. _____ Safety Compliance Form:
 - a) For Camera – installation print-out must be attached.
 - b) For Exempt - affidavits (sole owner & workman's compensation) must be attached.
4. _____ Meter Replacement Form (\$25.00 fee will apply)
5. _____ Insurance Certificate (original only)
6. _____ City Sticker and Receipt (copies only)
7. _____ Financial Responsibility Affidavit
8. _____ \$25.00 Vehicle Replacement Fee

Signature

_____ Owner	_____ Officer	_____ Lic. Mgr
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_____ **DBACP Staff** **Date:** _____

NOTE: YOU MUST PRESENT THE MEDALLION AND HARD CARD TO THE PUBLIC VEHICLE TESTING FACILITY ON THE ASSIGNED INSPECTION DATE & TIME.



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PRE-ENCUMBRANCE NOTIFICATION LETTER

PUBLIC PASSENGER VEHICLE LICENSE NUMBER(S): _____

Licensee's Company Name: _____

As owner of the above referenced public passenger vehicle license, I hereby notify the Department of Business Affairs and Consumer Protection (Department) that I shall encumber my license(s) no sooner than 10 days after the date this notice is submitted. I intend to give a secured interest to the following individual or financial institution:

Name: _____

Address: _____

Amount of Lien: \$ _____

Does this lien result from refinancing a previous debt?: _____

OTHER LIENS

The following lien on the above referenced license(s) has not yet been released:

Date of lien: _____ **UCC#(s):** _____

Name and address of secured creditor: _____

Amount currently owed on lien: _____

Pursuant to Section XI of the Rules and Regulations for Taxicab Medallion License Holders, all security interests must be filed with the Illinois Secretary of State and a copy of the completed UCC-1 form (with the filing number assigned by the Secretary of State) must be filed with the Department within five (5) working days after the creditor has received a copy of the UCC-1 from the Secretary of State. Attached to the UCC-1 filed with the Department must be a copy of the security agreement and any other underlying contracts or documents memorializing the terms and conditions of the debt for which the license has been pledged.

(Licensee Signature)

Received by: _____
(Name of DBACP Employee)

(Print name and Title)

Date Received: _____

NO LIENS WILL BE RECORDED WITHOUT A COPY OF THE UCC-1 STATEMENT FILED WITH THE SECRETARY OF STATE AND STAMPED WITH THE UCC FILING NUMBER. RECEIPT OF THIS FORM DOES NOT INDICATE APPROVAL OF THE LIEN BY THE DEPARTMENT.